

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:)	Chapter 11
)	
W. R. GRACE & CO., <u>et al.</u> , ¹)	Case No. 01-01139 (JKF)
)	Jointly Administered
Debtors.)	

SUPPLEMENTAL EXHIBIT TO DOCKET NO. 1664

¹ The Debtors consist of the following 62 entities: W. R. Grace & Co. (f/k/a Grace Specialty Chemicals, Inc.), W. R. Grace & Co.-Conn., A-1 Bit & Tool Co., Inc., Alewife Boston Ltd., Alewife Land Corporation, Amicon, Inc., CB Biomedical, Inc. (f/k/a Circe Biomedical, Inc.), CCHP, Inc., Coalgrace, Inc., Coalgrace II, Inc., Creative Food 'N Fun Company, Darex Puerto Rico, Inc., Del Taco Restaurants, Inc., Dewey and Almy, LLC (f/k/a Dewey and Almy Company), Ecarg, Inc., Five Alewife Boston Ltd., G C Limited Partners I, Inc. (f/k/a Grace Cocoa Limited Partners I, Inc.), G C Management, Inc. (f/k/a Grace Cocoa Management, Inc.), GEC Management Corporation, GN Holdings, Inc., GPC Thomasville Corp., Gloucester New Communities Company, Inc., Grace A-B Inc., Grace A-B II Inc., Grace Chemical Company of Cuba, Grace Culinary Systems, Inc., Grace Drilling Company, Grace Energy Corporation, Grace Environmental, Inc., Grace Europe, Inc., Grace H-G Inc., Grace H-G II Inc., Grace Hotel Services Corporation, Grace International Holdings, Inc. (f/k/a Dearborn International Holdings, Inc.), Grace Offshore Company, Grace PAR Corporation, Grace Petroleum Libya Incorporated, Grace Tarpon Investors, Inc., Grace Ventures Corp., Grace Washington, Inc., W. R. Grace Capital Corporation, W. R. Grace Land Corporation, Gracoal, Inc., Gracoal II, Inc., Guanica-Caribe Land Development Corporation, Hanover Square Corporation, Homco International, Inc., Kootenai Development Company, L B Realty, Inc., Litigation Management, Inc. (f/k/a GHSC Holding, Inc., Grace JVH, Inc., Asbestos Management, Inc.), Monolith Enterprises, Incorporated, Monroe Street, Inc., MRA Holdings Corp. (f/k/a Nestor-BNA Holdings Corporation), MRA Intermedco, Inc. (f/k/a Nestor-BNA, Inc.), MRA Staffing Systems, Inc. (f/k/a British Nursing Association, Inc.), Remedium Group, Inc. (f/k/a Environmental Liability Management, Inc., E&C Liquidating Corp., Emerson & Cuming, Inc.), Southern Oil, Resin & Fiberglass, Inc., Water Street Corporation, Axial Basin Ranch Company, CC Partners (f/k/a Cross Country Staffing), Hayden-Gulch West Coal Company, H-G Coal Company.

W. R. Grace & Co. Asbestos Medical Monitoring Proof of Claim Form

*The United States Bankruptcy Court for the District of Delaware
In re: W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JKF)
(Jointly Administered)*

SUBMIT COMPLETED CLAIMS TO: [address]

For a complete list of the Debtors in this case, please see "The Debtors" section of the *General Instructions for Completing Proof of Claim Forms*. The Debtors in this case are collectively referred to in this document as "Grace".

If you have a current claim against Grace for medical monitoring, but not personal injury, due to alleged significant exposure to hazardous asbestos fibers as a result of the acts or omissions of Grace, THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4:00 P.M. EASTERN TIME ON [BAR DATE], or you will be forever barred from asserting or receiving payment for your claim.

**INSTRUCTIONS FOR FILING THE W. R. GRACE & CO.
ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM**

WHO SHOULD USE THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM

1. This Asbestos Medical Monitoring Proof of Claim Form (referred to in this document as the "Form") applies only to claims being made against Grace by or on behalf of those who have not as of the Claim Bar Date suffered any personal injury but who are alleging that Grace wrongfully caused them to be significantly exposed to hazardous asbestos fibers, that this exposure significantly increased the claimant's risk of contracting a serious latent disease, that medical monitoring could reasonably be expected to result in early detection of the onset and mitigation of the severity of such disease, and that because of this exposure it is necessary for the claimant to be examined by a physician or receive medical testing more often than he or she otherwise would.
2. This form should not be used for claims for an Asbestos Property Damage Claim, Zonolite Attic Insulation Claim, Asbestos Personal Injury Claim, or a Non-Asbestos Claim. Instead, separate specialized proof of claim forms for these claims should be completed.
3. Please do not distribute this form to others. Please call (XXX) XXX-XXXX to request additional forms if they are needed.

GENERAL INSTRUCTIONS

1. This form must be signed by the claimant or authorized agent of the claimant. THIS FORM MUST BE RECEIVED ON OR BEFORE 5:00 PM EASTERN TIME ON [Bar Date], or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Grace Claims Processing Center, c/o _____. If you are returning this form by mail, allow sufficient time so that this form is received on or before [Bar Date]. Forms that are postmarked before [Bar Date] but received after [Bar Date] will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.
2. If you cannot fit all information in any particular section or page, please make a copy of that page before filling it out and attach as many additional pages as needed.
3. This form must be filled out completely using BLACK or BLUE ink.
 - Please print clearly using capital letters only.
 - Do not use a felt tip pen.
 - Skip a box between words.
 - Do not bend or fold the pages of the form.
 - Do not write outside of the boxes or blocks.
4. Because this form will be read by a machine, please print characters using the examples below. For optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.
5. Mark check boxes with an "X" (example at right). ☒
6. Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
7. Make a copy of your completed Form to keep for your records. Send only original Forms to the Claims Agent at the following address: _____.
8. You will receive written notification of the proof of claim number assigned to this claim once it has been processed.

[illegible][illegible] MI

Month Day Year

[illegible][illegible]

11

/Province

/Postal Code

[illegible]

Country (if not U.S.)

[illegible]

Area Code

PART II: ATTORNEY INFORMATION

(You do not need to be represented by an attorney to submit a claim.)

[illegible][illegible][illegible][illegible]

--	--	--	--	--

/Province

/Postal Code

[illegible]

Country (if not U.S.)

[illegible]

--	--	--

Area Code

[illegible]

3 8 4 7 | 0 1

SERIAL #

1. Employment Dates:

Figure 1 illustrates two examples of hierarchical data structures. The left example shows a 'Month' node with three children and a 'Year' node with four children. The right example shows a 'Month' node with two children and a 'Year' node with four children. Both examples use a tree diagram with boxes representing nodes and lines representing edges.

2. Occupation:

[illegible]

3. Claimant's Employer

[illegible]

4. Employment Location:

Street Address																													
City																									Zip Code / Postal Code				

3. Were you or any member(s) of your household an employee of W.R. Grace while you lived in Lincoln County?

4. If you were an employee of W.R. Grace, did you work:

a. In the mining of vermiculite ore?

If yes, during what time period? What jobs did you perform?

Start Date

Month \times Year

End Date

--	--

Month

--	--	--	--

Year

Occupation:

Occupation:	
<i>description</i>	

Continue on next page > > >

The diagram illustrates the decomposition of a 3x3 grid into a 2x2 grid of 2x2 blocks and a 1x3 grid of 1x1 blocks. The 3x3 grid is shown on the left, with a 2x2 grid of 2x2 blocks and a 1x3 grid of 1x1 blocks shown on the right.

1. Describe the injury for which you sought compensation.

Month	Year
-------	------

3. What was the result of the claim? ☐ NOTHING ☐ NOTHING AT ALL ☐ NOTHING ☐ NOTHING AT ALL

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: a control group and an experimental group. The control group received a standard dose of 10 mg/kg of the drug, while the experimental group received a higher dose of 20 mg/kg. The subjects were then subjected to a series of tests, including a pre-test, a post-test, and a follow-up test. The results of the tests were compared between the two groups.

1. Please describe the claim or lawsuit.

[illegible]

Month \longleftrightarrow Year

Court or Claims Authority:

[illegible]

Name _____

[illegible]

City

State / Province

[illegible]

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was exposed to a control environment (CE) and the EG was exposed to an experimental environment (EE). The EE was designed to simulate a real-world environment with various obstacles and a target. The subjects were required to navigate through the EE and reach the target. The results of the experiment are shown in the table below.

—

→

[illegible]

-

Month \longleftrightarrow Year

Month

Year

- [illegible]

.....

- [illegible]

--

[illegible]

- 



Month Year

- [illegible]

- [illegible]



D. ZONOLITE ATTIC INSULATION EXPOSURE (LINCOLN COUNTY, MT)

Do you or did you have Zonolite Attic Insulation in your home during any period of time in which you lived in Lincoln County?

☐ Yes ☐ No

Where was/is it located in your home? ☐ Attic ☐ Other

Did you personally install that insulation? ☐ Yes ☐ No

Has the Zonolite Attic Insulation ever been moved and/or disturbed by you?

☐ Yes ☐ No

If yes, specify when and in what manner the Zonolite Attic Insulation was moved and/or disturbed.

Date

/ /
Month Year

Description

For incidents in which the Zonolite Attic Insulation was moved and/or disturbed, how long did you stay in close proximity to the insulation after you disturbed it?

☐ Less than 1 hour ☐ 1 to 2 hours
☐ 2 to 4 hours ☐ More than 4 hours

E. ASBESTOS TESTING

Has there ever been any testing or sampling for the presence of asbestos on the property at which you reside or resided in Lincoln County?

☐ Yes ☐ No

If yes, provide when, by whom, the type of testing or sampling, and the results (e.g. air, bulk and dust sampling).

If Yes, when?

Date:

/ /
Month Day Year

Sample Location:

Who took the sample:

Sample results:

Continue on next page > > >

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[illegible][illegible][illegible]**Employment Dates at this Plant:**

111

Month

Year

11

Figure 1. A schematic diagram of the experimental design. The diagram shows a sequence of events: a subject is presented with a stimulus (a word or picture), then a response is recorded, and finally, the subject is presented with a feedback (a word or picture). The sequence is repeated for multiple trials.

Month

Year

[illegible]

1. Describe the injury for which you sought compensation.

[illegible]

2. When was the claim filed? ☐ ☐ ☐

Month

Year

3. What was the result of the claim?

[illegible]

3 8 4 7 1 1 0



SERIAL #



List all of the asbestos product(s) or material(s) you have been exposed to, describe how you were exposed to that product or material, and identify the time period of each exposure. A supplemental form is provided if you have been exposed to more than one additional asbestos product or material:



[illegible][illegible]



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[illegible][illegible][illegible]





















































































































































































[illegible][illegible][illegible]

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Did your additional exposure occur because you shared a household with an occupationally exposed person (such as a spouse or a parent who worked in proximity to asbestos)?

Yes ☐ No ☐

If yes, list the time period of that household exposure:

Month

Year

Month

Year

List the name of the occupationally exposed household member:

Name

List his or her occupation, employer and employment location, and describe how that person brought asbestos from the workplace into your household:

Occupation

Employer

Employment location

How it was brought home

PART VII: SIGNATURE PAGE

All claims must be signed by the claimant or the person filing on his/her behalf (such as the personal representative or attorney).

Signature of Claimant, Representative, or Attorney

SIGNATURE OF CLAIMANT,
REPRESENTATIVE, OR ATTORNEY

Month

Day

Year

IF THE SIGNATURE IS NOT THAT OF THE CLAIMANT,
PLEASE PRINT THE NAME OF THE SIGNATORY ABOVE AND INDICATE THE
RELATIONSHIP TO THE CLAIMANT

**THE PENALTY FOR SUBMITTING A FRAUDULENT CLAIM
IS A FINE OF UP TO \$500,000 OR
IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH. 18 U.S.C. §§ 152, 3571**

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